

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

09/925724  
04425724

**CLAIMS AS FILED - PART I**

|   | (Column 1)    | (Column 2)   |
|---|---------------|--------------|
| TOTAL CLAIMS  | 19            |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 19 minus 20 = | 0            |
| INDEPENDENT CLAIMS  | 1 minus 3 =   | 0            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

|   | (Column 1) | (Column 2)                         | (Column 3)    |
|---|------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT  |            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 16         | 20                                 | -             |
| Independent   | 1          | 3                                  | -             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                    |               |

**BEST AVAILABLE COPY**

|   | (Column 1) | (Column 2)                         | (Column 3)    |
|---|------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT  |            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 16         | 20                                 | 2             |
| Independent   | 1          | 3                                  | -             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                    |               |

3.14.05

|   | (Column 1) | (Column 2)                         | (Column 3)    |
|---|------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT  |            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 16         | 20                                 | 1             |
| Independent   | 1          | 3                                  | 1             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                    |               |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

| RATE      | FEE    | OR | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X\$ 9=    |        | OR | X\$18=    |        |
| X40=      |        | OR | X80=      |        |
| +135=     |        | OR | +270=     |        |
| TOTAL     |        | OR | TOTAL     |        |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE   | ADDITIONAL FEE | OR | RATE   | ADDITIONAL FEE |
|--------|----------------|----|--------|----------------|
| X\$ 9= |                | OR | X\$18= |                |
| X40=   |                | OR | X80=   |                |
| +135=  |                | OR | +270=  |                |
| TOTAL  |                | OR | TOTAL  |                |

| RATE   | ADDITIONAL FEE | OR | RATE   | ADDITIONAL FEE |
|--------|----------------|----|--------|----------------|
| X\$ 9= |                | OR | X\$18= |                |
| X40=   |                | OR | X80=   |                |
| +135=  |                | OR | +270=  |                |
| TOTAL  |                | OR | TOTAL  |                |

| RATE   | ADDITIONAL FEE | OR | RATE   | ADDITIONAL FEE |
|--------|----------------|----|--------|----------------|
| X\$ 9= |                | OR | X\$18= |                |
| X40=   |                | OR | X80=   |                |
| +135=  |                | OR | +270=  |                |
| TOTAL  |                | OR | TOTAL  |                |

BEST AVAILABLE COPY